

## Long Term Care Facility COVID-19 Updating Report Form

This reporting form is intended to be used as a consecutive reporting tool to provide Public Health-Seattle & King County with updated information regarding the COVID-19 outbreak at your facility. This form should be submitted to your Public Health-Seattle & King County contact <u>every 3 days</u> via fax (206-296-4803) or email.

<u>Facility Census:</u> Total # Residents\_\_\_\_\_ Total # Employees: \_\_\_\_\_ (includes environmental/dietary/physical therapy/admin etc.).

[BOX 1] Da	ate:			(Submit to Public Health 3 days after initial report)						
	Resi	dent		Staff						
Total # with	symptoms o	f respiratory	illness (e.g.,	Total # wit	h symptoms	s of respirato	ry illness (e.g.,			
fever, cough, sore throat):				fever, coug	gh, sore thro	oat):				
New ill residents since initial report:				New ill staff since initial report:						
# who visited	ED:			# who visited ED:						
# hospitalize	d:			# hospitalized:						
# deceased:		(Report names	s to Public Health)	# deceased: (Report names to Public H			nes to Public Health)			
Positive Negative Pending					Positive	Negative	Pending			
COVID-19				COVID-19						
Influenza				Influenza		Influenza				

[BOX 2] Da	ate:			(Submit to Public Health 3 days after last report)					
	Resi	dent				Staff			
Total # with s fever, cough,			illness (e.g.,	Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):					
New ill residents since initial report:				New ill stat	ff since initia	al report:			
# who visited	ED:			# who visited ED:					
# hospitalize	d:			# hospitalized:					
# deceased:		(Report names	s to Public Health)	# deceased	1:	(Report nam	nes to Public Health)		
	Positive	Negative	Pending		Positive	Negative	Pending		
COVID-19				COVID-19					
Influenza				Influenza					

[BOX 3] Da	ate:			(Submit to Public Health 3 days after last report)					
	Resi	dent				Staff			
Total # with fever, cough			illness (e.g.,	Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):					
New ill residents since initial report:				New ill sta	ff since initia	al report:			
# who visited	d ED:			# who visited ED:					
# hospitalize	d:			# hospitalized:					
# deceased:		(Report names	s to Public Health)	# deceased	J:	(Report nam	es to Public Health)		
	Positive	Negative	Pending		Positive	Negative	Pending		
COVID-19				COVID-19					
Influenza				Influenza					

[BOX 4] Da	ate:			(Submit to Public Health 3 days after last report)					
	Resi	dent		Staff					
Total # with	symptoms o	f respiratory	illness (e.g.,	Total # wit	h symptoms	of respirator	y illness (e.g.,		
fever, cough, sore throat):			fever, coug	gh, sore thro	at):				
New ill residents since last report:				New ill staff since last report:					
# who visited	ED:			# who visited ED:					
# hospitalize	d:			# hospitalized:					
# deceased:		(Report names	s to Public Health)	# deceased	1:	(Report name	es to Public Health)		
Positive Negative Pending				Positive	Negative	Pending			
COVID-19				COVID-19					
Influenza				Influenza					

[BOX 5] Da	ate:			(Submit to Public Health 3 days after last report)					
	Resi	dent		Staff					
Total # with s fever, cough	• •	• •	illness (e.g.,	Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):					
New ill residents since last report:				New ill staff since last report:					
# who visited	ED:			# who visited ED:					
# hospitalize	d:			# hospitalized:					
# deceased:		(Report names	to Public Health)	# deceased	ł:	(Report name	es to Public Health)		
Positive Negative Pending					Positive	Negative	Pending		
COVID-19				COVID-19					
Influenza				Influenza					

[BOX 6] Da	ate:			(Submit to Public Health 3 days after last report)					
	Resi	dent				Staff			
Total # with s fever, cough,		• •	illness (e.g.,	Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):					
New ill residents since last report:				New ill stat	ff since last	report:			
# who visited	ED:			# who visited ED:					
# hospitalize	d:			# hospitalized:					
# deceased:		(Report names	s to Public Health)	# deceased	ł:	(Report nan	nes to Public Health)		
	Positive	Negative	Pending		Positive	Negative	Pending		
COVID-19				COVID-19					
Influenza				Influenza					

[BOX 7] Da	ate:			(Submit to Public Health 3 days after last report)				
	Resi	dent		Staff				
Total # with	symptoms o	f respiratory	illness (e.g.,	Total # wit	h symptoms	of respirator	y illness (e.g.,	
fever, cough, sore throat):			fever, coug	gh, sore thro	at):			
New ill residents since last report:				New ill staff since last report:				
# who visited	ED:			# who visited ED:				
# hospitalize	d:			# hospitalized:				
# deceased:		(Report names	s to Public Health)	# deceased	1:	(Report nam	es to Public Health)	
Positive Negative Pending					Positive	Negative	Pending	
COVID-19				COVID-19				
Influenza				Influenza				

[BOX 8] Da	ate:			(Submit to P	ublic Health	a 3 days after	last report)	
	Resi	dent		Staff				
Total # with s fever, cough,	• •	• •	illness (e.g.,	Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):				
New ill residents since last report:				New ill staff since last report:				
# who visited	ED:			# who visited ED:				
# hospitalize	d:			# hospitalized:				
# deceased:		(Report names	to Public Health)	# deceased	ł:	(Report name	es to Public Health)	
Positive Negative Pending					Positive	Negative	Pending	
COVID-19				COVID-19				
Influenza				Influenza				

[BOX 9] D	ate:			(Submit to Public Health 3 days after last report)					
	Res	sident				Staff			
Total # with fever, cough			y illness (e.g.,	Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):					
New ill residents since last report:				New ill sta	ff since last	report:			
# who visite	d ED:			# who visited ED:					
# hospitalize	ed:			# hospitalized:					
# deceased:		(Report name	s to Public Health)	# deceased: (Report names to Public H					
	Positive	Negative	Pending		Positive	Negative	Pending		
COVID-19				COVID-19					
Influenza				Influenza					

[BOX 10] [	Date:			(Submit to Public Health 3 days after last report)				
	Resi	dent		Staff				
Total # with	symptoms o	f respiratory	ı illness (e.g.,	Total # wit	h symptoms	of respirator	y illness (e.g.,	
fever, cough, sore throat):			fever, coug	gh, sore thro	at):			
New ill residents since last report:				New ill staff since last report:				
# who visited	ED:			# who visited ED:				
# hospitalize	d:			# hospitalized:				
# deceased:		(Report names	s to Public Health)	# deceased	1:	(Report nam	es to Public Health)	
Positive Negative Pending					Positive	Negative	Pending	
COVID-19				COVID-19				
Influenza				Influenza				

[BOX 11] [	Date:			(Submit to Public Health 3 days after last report)				
	Resi	dent		Staff				
Total # with	Total # with symptoms of respiratory illness (e.g.,				h symptoms	of respirator	y illness (e.g.,	
fever, cough, sore throat):			fever, coug	gh, sore thro	at):			
New ill residents since last report:				New ill staff since last report:				
# who visited	ED:			# who visited ED:				
# hospitalize	d:			# hospitalized:				
# deceased:		(Report names	s to Public Health)	# deceased	d:	(Report name	es to Public Health)	
Positive Negative Pending				Positive	Negative	Pending		
COVID-19				COVID-19				
Influenza				Influenza				

[BOX 12] [	Date:			(Submit to Public Health 3 days after last report)					
Resident						Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):					
New ill residents since last report:			New ill stat	ff since last	report:				
# who visited	d ED:			# who visited ED:					
# hospitalize	d:			# hospitalized:					
# deceased:		(Report names	s to Public Health)	# deceased: (Report names to Public			es to Public Health)		
Positive Negative Pending					Positive	Negative	Pending		
COVID-19				COVID-19					
Influenza				Influenza					

[BOX 13] [	Date:			(Submit to Public Health 3 days after last report)				
	Resi	dent		Staff				
Total # with	symptoms o	f respiratory	ı illness (e.g.,	Total # wit	h symptoms	of respirator	ry illness (e.g.,	
fever, cough, sore throat):			fever, coug	gh, sore thro	oat):			
New ill residents since last report:				New ill staff since last report:				
# who visited	ED:			# who visited ED:				
# hospitalize	d:			# hospitalized:				
# deceased:		(Report names	s to Public Health)	# deceased	d:	(Report nam	es to Public Health)	
Positive Negative Pending					Positive	Negative	Pending	
COVID-19				COVID-19				
Influenza				Influenza				

[BOX 14] [	Date:			(Submit to Public Health 3 days after last report)					
	Resi	dent		Staff					
Total # with s	• •	• •	illness (e.g.,	Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):					
fever, cough, sore throat): New ill residents since last report:				New ill staff since last report:			_		
# who visited	ED:			# who visited ED:					
# hospitalize	d:			# hospitalized:					
# deceased:		(Report names	to Public Health)	# deceased	ł:	(Report name	es to Public Health)		
Positive Negative Pending				Positive	Negative	Pending			
COVID-19				COVID-19					
Influenza				Influenza					

[BOX 15] [	Date:			(Submit to Public Health 3 days after last report)					
	Resi	dent				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):					
New ill residents since last report:			New ill stat	ff since last	report:				
# who visited	d ED:			# who visited ED:					
# hospitalize	d:			# hospitalized:					
# deceased:		(Report names	s to Public Health)	# deceased	J:	(Report nam	es to Public Health)		
Positive Negative Pending					Positive	Negative	Pending		
COVID-19				COVID-19					
Influenza				Influenza					

[BOX 16] [	Date:			(Submit to Public Health 3 days after last report)				
	Resi	dent		Staff				
Total # with	symptoms o	f respiratory	ı illness (e.g.,	Total # wit	h symptoms	of respirator	y illness (e.g.,	
fever, cough, sore throat):			fever, coug	gh, sore thro	at):			
New ill residents since last report:				New ill staff since last report:				
# who visited	ED:			# who visited ED:				
# hospitalize	d:			# hospitalized:				
# deceased:		(Report names	s to Public Health)	# deceased	1:	(Report nam	es to Public Health)	
Positive Negative Pending					Positive	Negative	Pending	
COVID-19				COVID-19				
Influenza				Influenza				

[BOX 17] [	Date:			(Submit to Public Health 3 days after last report)				
	Resi	dent		Staff				
Total # with	symptoms o	f respiratory	illness (e.g.,	Total # wit	h symptoms	of respirator	y illness (e.g.,	
fever, cough, sore throat):			fever, coug	gh, sore thro	at):			
New ill residents since last report:				New ill staff since last report:				
# who visited	d ED:			# who visited ED:				
# hospitalize	d:			# hospitalized:				
# deceased:		(Report names	to Public Health)	# deceased: (Report names to Public He			es to Public Health)	
Positive Negative Pending			Pending		Positive	Negative	Pending	
COVID-19				COVID-19				
Influenza				Influenza				



[BOX 18] [	Date:			(Submit to Public Health 3 days after last report)				
Resident						Staff		
Total # with symptoms of respiratory illness (e.g.,				Total # wit	h symptom	s of respirato	ry illness (e.g.,	
fever, cough, sore throat):				fever, coug	gh, sore thro	oat):		
New ill residents since last report:			New ill staff since last report:					
# who visited	d ED:			# who visited ED:				
# hospitalize	d:			# hospitalized:				
# deceased:		(Report names	s to Public Health)	# deceased: (Report names to Public Hea				
	Positive Negative Pending				Positive	Negative	Pending	
COVID-19				COVID-19				
Influenza				Influenza				

[BOX 19] [	Date:			(Submit to Public Health 3 days after last report)					
	Res	ident				Staff			
Total # with fever, cough		• •	/ illness (e.g.,	Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):					
New ill residents since last report:			New ill stat	ff since last	report:				
# who visited	d ED:			# who visited ED:					
# hospitalize	d:			# hospitalized:					
# deceased:		(Report name	s to Public Health)	# deceased: (Report names to Public He					
	Positive Negative Pending				Positive	Negative	Pending		
COVID-19				COVID-19					
Influenza				Influenza					

[BOX 20] [	Date:			(Submit to Public Health 3 days after last report)				
	Resi	dent		Staff				
Total # with fever, cough	• •	• •	illness (e.g.,	Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):				
New ill residents since last report:				New ill staff since last report:				
# who visited	d ED:			# who visited ED:				
# hospitalize	d:			# hospitalized:				
# deceased:		(Report names	s to Public Health)	# deceased	d:	(Report name	es to Public Health)	
Positive Negative Pending			Pending		Positive	Negative	Pending	
COVID-19				COVID-19				
Influenza				Influenza				

[BOX 21]	Date:			(Submit to Public Health 3 days after last report)				
	Resi	ident				Staff		
Total # with fever, cough	• •	• •	illness (e.g.,	Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):				
New ill residents since last report:				New ill sta	ff since last	report:		
# who visited	d ED:			# who visited ED:				
# hospitalize	d:			# hospitalized:				
# deceased:		(Report names	s to Public Health)	# deceased: (Report names to Public F				
	Positive Negative Pending				Positive	Negative	Pending	
COVID-19				COVID-19				
Influenza				Influenza				

[BOX 22] [	Date:			(Submit to Public Health 3 days after last report)					
	Res	ident				Staff			
Total # with fever, cough		• •	/ illness (e.g.,	Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):					
New ill residents since last report:			New ill stat	ff since last	report:				
# who visited	d ED:			# who visited ED:					
# hospitalize	d:			# hospitalized:					
# deceased:		(Report name	s to Public Health)	# deceased	J:	(Report nar	nes to Public Health)		
	Positive Negative Pending				Positive	Negative	Pending		
COVID-19				COVID-19					
Influenza									

[BOX 23] [	Date:			(Submit to Public Health 3 days after last report)					
	Resi	ident		Staff					
Total # with fever, cough	• •	• •	illness (e.g.,	Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):					
New ill residents since last report:				New ill sta	ff since last	report:			
# who visited	ED:			# who visited ED:					
# hospitalize	d:			# hospitalized:					
# deceased:		(Report names	s to Public Health)	# deceased	d:	(Report nan	nes to Public Health)		
Positive Negative Pending					Positive	Negative	Pending		
COVID-19				COVID-19					
Influenza				Influenza					

[BOX 24] [	Date:			(Submit to	Public Heal	th 3 days afte	er last report)		
	Resi	dent				Staff			
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):					
New ill residents since last report:			New ill sta	ff since last	report:				
# who visited	d ED:			# who visited ED:					
# hospitalize	d:			# hospitalized:					
# deceased:		(Report names	s to Public Health)	# deceased	J:	(Report nam	es to Public Health)		
	Positive Negative Pending				Positive	Negative	Pending		
COVID-19				COVID-19					
Influenza				Influenza					

[BOX 25] [	Date:			(Submit to Public Health 3 days after last report)				
	Resi	dent		Staff				
Total # with symptoms of respiratory illness (e.g.,				Total # with symptoms of respiratory illness (e.g.,				
fever, cough, sore throat):				fever, coug	gh, sore thro	oat):		
New ill residents since last report:				New ill staff since last report:				
# who visited	ED:			# who visited ED:				
# hospitalized:			# hospitalized:					
# deceased: (Report names to Public Health)			# deceased: (Report names to Public H			es to Public Health)		
	Positive	Negative	Pending		Positive	Negative	Pending	
COVID-19				COVID-19				
Influenza				Influenza				

[BOX 26] [	Date:			(Submit to Public Health 3 days after last report)				
Resident				Staff				
Total # with symptoms of respiratory illness (e.g.,				Total # with symptoms of respiratory illness (e.g.,				
fever, cough, sore throat):				fever, coug	gh, sore thro	at):		
New ill residents since last report:			New ill staff since last report:					
# who visited	ED:			# who visited ED:				
# hospitalized:			# hospitalized:					
# deceased:	d: (Report names to Public Health)			# deceased: (Report names to Public He			es to Public Health)	
	Positive	Negative	Pending	Positive Negative Pendir				
COVID-19				COVID-19				
Influenza				Influenza				

[BOX 27] [			(Submit to Public Health 3 days after last report)					
	dent		Staff					
Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):				Total # with symptoms of respiratory illness (e.g., fever, cough, sore throat):				
New ill residents since last report:			New ill staff since last report:					
# who visited ED:				# who visited ED:				
# hospitalized:			# hospitalized:					
# deceased: (Report names to Public Health)			# deceased: (Report names to Public Healt			es to Public Health)		
	Positive	Negative	Pending		Positive	Negative	Pending	
COVID-19				COVID-19				
Influenza				Influenza				

[BOX 28] [	Date:			(Submit to Public Health 3 days after last report)				
	Resi	dent		Staff				
Total # with	symptoms o	f respiratory	illness (e.g.,	Total # with symptoms of respiratory illness (e.g.,				
fever, cough, sore throat):				fever, coug	gh, sore thro	at):		
New ill residents since last report:				New ill staff since last report:				
# who visited	ED:			# who visited ED:				
# hospitalized:				# hospitalized:				
# deceased: (Report names to Public Health)			# deceased: (Report names to Public H			es to Public Health)		
	Positive	Negative	Pending		Positive	Negative	Pending	
COVID-19				COVID-19				
Influenza				Influenza				

[BOX 29] [	Date:			(Submit to Public Health 3 days after last report)				
Resident				Staff				
Total # with symptoms of respiratory illness (e.g.,				Total # with symptoms of respiratory illness (e.g.,				
fever, cough, sore throat):				fever, cough, sore throat):				
New ill residents since last report:			New ill staff since last report:					
# who visited	d ED:			# who visited ED:				
# hospitalized:				# hospitalized:				
# deceased:	eased: (Report names to Public Health)			# deceased: (Report names to Public He			es to Public Health)	
	Positive	Negative	Pending	Positive Negative Pendi			Pending	
COVID-19				COVID-19				
Influenza				Influenza				